



CITY OF SAN ANTONIO
Neighborhood and Housing Services Department
1400 S. Flores, San Antonio TX 78204
210-207-6459

FY 2021 Owner-Occupied Rehabilitation & Reconstruction Program

Applications Accepted from September 21 to October 16, 2020
Lottery held first week of November

PROGRAM ELIGIBILITY REQUIREMENTS

- Homeowner must be a US citizen or Legal Resident
- Homeowner must have clear title and must occupy property
- Property value with rehabilitation cannot exceed \$178,500
- Mortgage loans must be current, mortgage balance and home's square footage *may* impact eligibility
- Property must be a single-family home within the city limits (Districts 1-7)
- Homeowner and property must be clear of liens or judgment, except for mortgages
- Property taxes must be current, taxes in arrears, deferrals and payment plans are not eligible
- Property must be designated a Homestead with the Bexar County Appraisal District
- Utility bills must be in the homeowner's name
- Rental properties, mobile homes and duplexes are not eligible
- Chapter 7, Chapter 13 bankruptcy, reverse mortgage loans are not eligible
- Homeowner is not eligible if an existing **HUD or City** funded rehabilitation contract exist for: Down Payment Assistance or OOR restrictive covenant, excluding lead-based paint remediation
- Household gross income must be at or below 80% of the Area Median Income (AMI) limits:

Household Size	1	2	3	4	5	6	7	8
Annual Income	\$40,350	\$46,100	\$51,850	\$57,600	\$62,250	\$66,850	\$71,450	\$76,050

PROGRAM TERMS & REQUIREMENTS

- Assistance is a deferred forgivable loan to homeowner (repayment not required & percentage forgiven annually).
- If property is vacated, leased, or sold during the contract period: balance becomes due & payable
- Site Inspection will determine the amount of assistance needed and repair cost
- Lien: Deed of Trust and Restrictive Covenant will be recorded at the Bexar County Clerk's Office
- Homeowner's property insurance must be maintained throughout the entire contract period
- Homeowner **MUST** move out prior to the start of rehabilitation for 3-6 months
- Homeowner is responsible for moving and temporary housing living expense
- Property taxes and homeowner's insurance must be maintained for the entire contract period
- Flood Insurance required if property is located in a flood zone
- Contract period is determined by rehabilitation amount invested into the property

Amount of Assistance	Terms
\$5,001 to \$50,000	10 years
Over \$50,001	15 years
Reconstruction	20 years

Program is funded by the U.S. Department of Housing and Urban Development and the City of San Antonio. For fiscal year 2021, the Owner-Occupied Rehabilitation Program will assist 60 qualified homeowners with low to moderate income rehabilitate their home.

Research is conducted to determine property eligibility: Bexar County Tax Assessor-Collector website is utilized to verify homestead exemption and status of property taxes (must be current). Bexar Appraisal District website is utilized for appraised value and deed history (property value plus rehabilitation must not exceed \$178,500). Find My Council Member website is utilized to verify property is in City Council District 1-7. A title company will conduct a final search of selected properties to disclose property ownership, liens, or judgments.

Once property clears title search and homeowner is certified income eligible, an orientation class will be held for lottery winners to provide additional program information and requirements.

Program Priorities include; Lead hazard reduction, health & safety, accessibility, energy efficiency, mechanical and electrical. Not addressed: detached structures such as garage, carport, storage container, and landscape are not part of the program scope.

Incomplete applications will not be processed. Do not leave any blanks, mark N/A for not applicable. Submit application by mail or make an appointment by calling 210-207-5910.

Mail in completed application with a copy of your government issued ID/Driver License for all adults living in the household 18 year of age or over to: OOR Program, 1400 S. Flores, San Antonio, TX 78204

To download application at website: www.sanantonio.gov/NHSD/programs/repair

APPLICATION CHECKLIST

- ☐ Complete application (signed & dated)
- ☐ Copy of Texas Driver's License or other government photo ID for all occupants over 18 (expired documents not accepted)

ONCE APPLICATION HAS BEEN REVIEWED AND SELECTION MADE, YOU WILL BE INSTRUCTED TO PROVIDE THE FOLLOWING ADDITIONAL DOCUMENTATION:

- ☐ Copy of government issued Social Security card for homeowners
- ☐ If self-employed: provide copy of Income Tax Return for past two years (2018-2019) and a letter explaining self-employment details such as: type of work, earnings, hours per week or month
- ☐ Copy of 2020 Social Security award letter, Annuity, Retirement Benefits
- ☐ Copy of Child Support statement and TANF award letter (if applicable)
- ☐ 6 MONTHS of current bank statements, checking and savings accounts, for all occupants
- ☐ 2 MONTHS of CPS and SAWS bills, must be in homeowner's name
- ☐ For occupants attending college: copy of student ID and student schedule
- ☐ Copy of birth certificate for children under 6 years of age
- ☐ Copy of mortgage or home equity loan statement (payments must be up to date)
- ☐ Proof of Property Insurance (not required to apply but is a requirement if selected)
- ☐ Divorce Decree, Death Certificate, Probated Will, or Affidavit of Heirship may be required, if it affects the applicant's title interest
- ☐ Marriage or Birth Certificate, if it explains a name change



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Council District#

Application Date:

PROPERTY INFORMATION

PROPERTY ADDRESS: (ZIP CODE)	
YEAR BUILT:	NUMBER OF OCCUPANTS:
YEAR PURCHASED:	NUMBER OF CHILDREN UNDER 6 YRS:
MORTGAGE BALANCE:	NUMBER OF BEDROOMS:
EQUITY LOAN BALANCE:	NUMBER OF BATHROOMS:

APPLICANT INFORMATION

APPLICANT NAME:	CO-APPLICANT:
DATE OF BIRTH:	DATE OF BIRTH:
SOCIAL SECURITY#:	SOCIAL SECURITY#:
PHONE #:	PHONE #:
EMAIL:	EMAIL:

APPLICANT GROSS MONTHLY INCOME

SOCIAL SECURITY:	SOCIAL SECURITY:
RETIREMENT:	RETIREMENT:
VA or CIVIL SERVICE:	VA or CIVIL SERVICE:
EMPLOYMENT:	EMPLOYMENT:
CHILD SUPPORT:	CHILD SUPPORT:
TANF:	TANF:
OTHER INCOME:	OTHER INCOME:
TOTAL:	TOTAL:

ASSET INFORMATION

List additional assets such as: rental property, cash, retirement, 401k, insurance settlement, inheritance, etc.

DEMOGRAPHIC INFORMATION

INFORMATION FOR STATISTICAL PURPOSES FOR FEDERALLY FUNDED PROGRAMS. The information concerning Minority Group Category is requested for statistical purposes so the City may determine the degree to which its programs are being utilized by Minority Families and has no bearing on the acceptance of this application. IF SUCH INFORMATION IS NOT PROVIDED, THE CITY IS REQUIRED TO NOTE RACE/NATIONAL ORIGIN AND SEX ON THE BASIS OF SIGHT AND/OR SURNAME.

APPLICANT 1 INFORMATION	APPLICANT 2 INFORMATION
Are you a US Citizen?	Are you a US Citizen?
Are you a Permanent Resident?	Are you a Permanent Resident?
Male or Female	Male or Female
Race: ___African-American ___White ___American Indian ___Asian ___Other	Race: ___African-American ___White ___American Indian ___Asian ___Other
Are you Hispanic?	Are you Hispanic?
62 years of age or older?	62 years of age or older?
Veteran?	Veteran?
Handicapped or disabled?	Handicapped or disabled?
Babysit children 5 years old or younger?	Babysit children 5 years old or younger?
Applicant Signature/Date	Applicant Signature/Date

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. USC Title 18, Sec. 1001, provides; "Whomever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statement or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined.

List ALL occupants or permanent residents below:

OCCUPANT 1	ANSWER
NAME:	
DATE OF BIRTH:	
SOCIAL SECURITY:	
EMPLOYED or STUDENT:	
RELATION TO APPLICANT:	
PERMINATE RESIDENT:	
TEMPORARY RESIDENT:	
INCOME: SSI, TANF, OTHER:	
OCCUPANT 2	ANSWER
NAME:	
DATE OF BIRTH:	
SOCIAL SECURITY:	
EMPLOYED or STUDENT:	
RELATION TO APPLICANT:	
PERMINATE RESIDENT:	
TEMPORARY RESIDENT:	
INCOME: SSI, TANF, OTHER:	
OCCUPANT 2	ANSWER
NAME:	
DATE OF BIRTH:	
SOCIAL SECURITY:	
EMPLOYED or STUDENT:	
RELATION TO APPLICANT:	
PERMINATE RESIDENT:	
TEMPORARY RESIDENT:	
INCOME: SSI, TANF, OTHER:	
OCCUPANT 4	ANSWER
NAME:	
DATE OF BIRTH:	
SOCIAL SECURITY:	
EMPLOYED or STUDENT:	
RELATION TO APPLICANT:	
PERMINATE RESIDENT:	
TEMPORARY RESIDENT:	
INCOME: SSI, TANF, OTHER:	
OCCUPANT 5	ANSWER
NAME:	
DATE OF BIRTH:	
SOCIAL SECURITY:	
EMPLOYED or STUDENT:	
RELATION TO APPLICANT:	
PERMINATE RESIDENT:	
TEMPORARY RESIDENT:	
INCOME: SSI, TANF, OTHER:	

ACKNOWLEDGMENTS

APPLICANT'S CERTIFICATION and ACKNOWLEDGEMENT all information furnished in support of this application is given for the purpose of obtaining funds under the federal CDBG or HOME Program and is true and complete to the best of the applicant's knowledge and belief.

Initial ____ I consent to release information regarding my property to the City of San Antonio staff for the Owner-Occupied Rehabilitation & Reconstruction Program (OOR).

Initial ____ I grant City of San Antonio staff and their representative to take photographs of my property.

Initial ____ I certify that I am the OWNER AND OCCUPANT of the property.

Initial ____ I understand that I must vacate the home during the rehabilitation.

Initial ____ I understand that there will be a lien placed on the property for the invested amount.

Initial ____ I understand that I must purchase and maintain homeowner's insurance for the entire contract period once my property is selected into the OOR Program.

Initial ____ I understand that my property value and taxes will increase due to the rehabilitation of the home.

List the area of concern or specific reason you are applying for the program:

APPLICANTS NOT SELECTED WILL BE NOTIFIED